SCIENCE WITH MISS "JET" WIZARD SCIENCE 1 CLASS

Ages 6-12

Calling all young wizards and witches to this workshop! Learn how to do "invisibility" and "freezing" spells. Come try your hand in the "potions" class. Explore the scientific explanations for some of the "magic" of Harry Potter but watch out for "dragon fire"!

When: Saturday, October 27, 2012
Where: Studio in the Park @ Waid Park
Time: 10am-11am
Deadline to Register: One Week Prior to Class
Cost: $15.00 per student

To register: Fill out the back of this form, mail form and payment to:

<u>Franklin County Parks & Recreation</u>

<u>2150 Sontag Road</u>

<u>Rocky Mount, VA 24151</u>

<u>540-483-9293 office   540-483-0040 fax</u>

www.franklincountyva.gov/parks

Please call Jeanette Lawler, instructor,
at 540-334-2546 for more information.

FRANKLIN COUNTY
PARKS & RECREATION

Franklin County Parks and Recreation Registration and Liability Waiver Form – 2012 October Wizard Science Class

Name _____   **Age**_____

Mailing Address_____

City_____   **Zip**_____

Email Address_____

Home Phone: _____   **Work Phone:** _____   **Cell Phone:** _____

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission for my child to be photographed and his/her artwork to be used in any form of publication to promote Franklin County Parks and Recreation.**

Signature: _____

I have the following physical impairments or medical conditions, including allergic reactions:

_____

_____

Current medications that participant is taking now:

_____

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____